

POSITION	ID NO.	DATE
CLASSIFIER	32	7/15/95
EXAMINER	354	8-9-95
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	562	8/11
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
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SYMBOLS  
 ✓ Rejected  
 = Allowed  
 - (Through number) Cancelled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
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